

## BMA warns of arrival of genetic weapons

Uy Hoang, *BMJ*

The BMA has warned that the possibility of developing weapons genetically targeted at different ethnic groups could be just five years away.

Dr Vivienne Nathanson, head of health policy research at the BMA, said, "It is important to emphasise that we are talking about technology and information that is becoming available now and will be available in the next few years. We have a window of opportunity before such weapons can realistically be manufactured."

The BMA is particularly concerned about the use of information from the Human Genome Project and the Human Diversity Project. These research projects, set to be com-

pleted in 2003, aim to unlock the key to the human genome and to determine why certain diseases affect only certain ethnic groups. Such information could be used for targeting biological weapons at particular ethnic groups.

"Scientific advances quickly lead to developments in weapons technology. Biotechnology and genetic knowledge are equally open to this type of malign use," said Professor Nathanson. "It would be a tragedy if in 10 years' time the world faces the reality of genetically engineered weapons."

Currently, biological weapons are governed by the 1972 Biological and Toxin Weapons Convention, which has been signed by 158 countries. Many states and individual organisations have flouted the legislation. These include states in the former Soviet Union, which admitted running a covert weapons programme until 1992; the Iraqi government, which has been working on biological weapons;



Chemical weapons in Iraq are inspected by UNSCOM

and the Aum Shinrikyo sect in Japan, which sought to develop genetically enhanced bacteria.

The report warns that the pattern of scientific development is such that formulating effective control systems for biological and genetic weapons within the next five to 10 years will be crucial to world security.

It recommends that the international community should aim to strengthen current legislation

by including verification procedures and measures to ensure compliance with the agreement among the signatory countries.

However, implementation of a verification procedure could cost as much as £63m (\$100m) annually to enforce. □

*Biotechnology, Weapons and Humanity* (Harwood, ISBN 90 5702 4608) is available from the BMJ Bookshop (tel: 0171 383 6244) price £14.

## Inquiry calls for checks on staff who work with elderly

Dolly Chadda, *London*

An inquiry, which reported last week, found that four nurses and a healthcare assistant were guilty of directly harming patients or knowingly supporting their ill treatment at Beech House, St Pancras Hospital, in London.

As a result of the investigation, Camden and Islington Community Health Services NHS Trust, of which the hospital is a part, is calling for improved procedures for sharing information across the NHS about staff involved in such incidents.

It also wants a national system of police checks established for all those likely to come into contact with vulnerable elderly people, similar to those carried out on staff working with children.

The UK Central Council for Nursing, Midwifery and Health Visiting had earlier considered the cases at its preliminary proceedings committee but had decided, on the basis of legal advice, not to proceed. The nurses were, and still are, free to carry on working in the health

service even though two of them had been found guilty of committing acts of gross misconduct by separate trust disciplinary inquiries.

Sarah Andrews, the trust's codirector of nursing, who wrote the inquiry's report, said that intimidation and harassment, which was largely verbal, had prevented the abuse coming to light earlier.

Four or five people, including staff and a window cleaner, had tried to report the incidents of maltreatment.

It was only when a new management structure was brought in by the trust that the alarm was raised. A healthcare assistant reported witnessing physical maltreatment of patients in April 1996.

The inquiry looked at the abuse of 13 patients, dating back to March 1993. During the disciplinary hearings it emerged that patients had been struck and inappropriately restrained. Others were refused fluids. (See p 278) □

## Bristol inquiry appoints doctor to its panel

Annabel Ferriman, *BMJ*

Sir Brian Jarman, emeritus professor at Imperial College School of Medicine at St Mary's Hospital, London, has been appointed medical member of the inquiry into the deaths of children who had heart surgery at Bristol Royal Infirmary.

Other members of the panel, which is chaired by Ian Kennedy, professor of health law, ethics, and policy at University College London, are Mavis Maclean, senior research fellow at Wolfson College, Oxford, and Rebecca Howard, executive director of nursing at Manchester Children's Hospitals NHS Trust.

The inquiry ran into controversy two months ago when it asked Dr Nick Barnes, consultant paediatrician at Addenbrooke's Hospital, Cambridge, to become a member of its panel and then changed its mind. A spokesman for the inquiry said that Dr Barnes had never been appointed a member.

Public hearings are scheduled to start in March, and the inquiry will not limit its investigations to those cases in which babies died after surgery. It will also include operations in which babies were left brain damaged or otherwise disabled.

Last week the team issued a list of themes that it will examine during the first phase of its inquiry, which will run until December. These are: the national and regional context in which services were delivered; the detailed local context (the hospital and its paediatric cardiac surgery unit); the type of services provided and the outcomes, analysis and comparisons with similar services elsewhere; how children were referred to the hospital for treatment; management of surgery (including preoperative and postoperative care); how families were treated; the role of postmortem examinations; the training of medical and other staff; surgical "learning curves" and audit; and how and when concerns were expressed and how they were dealt with.

Professor Kennedy said: "As people will see from the issues list, we are not seeking to focus on individuals but rather we are looking at the whole system." □